

Fill in this information to identify your case:

Debtor 1 Michael Azzato
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the Northern District of Illinois
Case number _____
(If known)

Check if this is:
 An amended filing

Chapter you are filing under:
 Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a *joint case*--and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Michael

First name

Azzato

Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

N/A

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years.

Include your married or maiden names.

N/A

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

N/A

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

N/A

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

N/A

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) XXX-XX-4747

N/A

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years.

Include trade names and doing business as names.

I have not used any business names or EINs

Video Engineering

Business name

N/A

Business name

N/A

EIN

EIN

I have not used any business names or EINs

N/A

Business name

N/A

Business name

N/A

EIN

N/A

EIN

5. Where you live

7440 Adams St., Apt 2K

Number Street

Forest Park IL 60130

City, State, Zip Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

N/A

Number Street

City, State, Zip Code

If Debtor 2 lives at a different address:

N/A

EIN

6. Why you are choosing *this district* to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

N/A

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

N/A

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years? No
 Yes District N/A When _____ Case number _____
MM/DD/YYYY
District N/A When _____ Case number _____
MM/DD/YYYY
District N/A When _____ Case number _____
MM/DD/YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? No
 Yes Debtor N/A Relationship _____
District _____ When _____ Case number _____
MM/DD/YYYY
Debtor N/A Relationship _____
District _____ When _____ Case number _____
MM/DD/YYYY

11. Do you rent your residence? No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business? No. Go to Part 4.

Yes. Name and location of business(es)

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Video Engineering

Name of business, if any

7440 Adams St., Apt 2K

Number Street

Forest Park IL 60130

City, State, Zip Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

Part 5:**Explain Your Efforts to Receive a Briefing About Credit Counseling****About Debtor 1:****15. Tell the court whether you have received briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

About Debtor 1:

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts: **N/A**

17. Are you filing under Chapter 7?

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

No. I am not filing under Chapter 7. Go to line 18.
 Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No.
 Yes.

18. How many creditors do you estimate that you owe?

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000 - 5,000	<input type="checkbox"/> 25,001 - 50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001 - 10,000	<input type="checkbox"/> 50,001 - 100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001 - 25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001, to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> \$1,000,000,001 to \$10 billion <input type="checkbox"/> \$10,000,000,001 to \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001, to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> \$1,000,000,001 to \$10 billion <input type="checkbox"/> \$10,000,000,001 to \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Michael Azzato

Debtor 1

03/20/2017

MM/DD/YYYY

For your attorney, if you are represented by one

Note that BkAssist is licensed for use only by attorneys. If you are not represented by an attorney, you may not file this petition.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Matthew C Swenson
Attorney for Debtor(s)

03/20/2017
MM/DD/YYYY

Matthew C Swenson

Printed name

Emerson Law Firm, LLC

Firm name

715 Lake St., #420

Number Street

Oak Park IL 60301

City, State, ZIP Code

(708) 660-9190

Contact phone

6304113

Bar number

matt@emersonlawfirm.com

Email address

Fill in this information to identify your case:	
Debtor 1	<u>Michael Azzato</u>
Debtor 2	 (Spouse, if filing)
United States Bankruptcy Court for the <u>Northern District of Illinois</u>	
Case number	 (If known)

Check if this is an amended filing

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$0.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$2,326.12
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$2,326.12</u>

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$142,157.91
	Your total liabilities
	<u>\$142,157.91</u>

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$2,309.96
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i>	\$2,297.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9 for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income (Official Form 122A-1, 122B, or 122C-1):

Copy your total current monthly income from line 11..... \$2,309.96

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:.....

From Part 4 on Schedule E/F, copy the following:

Total claim

9a. Domestic support obligations (Copy line 6a.).....	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.).....	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.).....	<u>\$100,220.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.).....	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.).....	<u>\$0.00</u>
9g. Total. Add lines 9a through 9f.....	<u>\$100,220.00</u>

Fill in this information to identify your case:	
Debtor 1	<u>Michael Azzato</u>
Debtor 2	 (Spouse, if filing)
United States Bankruptcy Court for the <u>Northern District of Illinois</u>	
Case number	 (If known)

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land or Other Real Estate You Own or Have an Interest in

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No.
 Yes.

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories *Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

No.
 Yes.

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items? (List the current value of the portion you own. Do not deduct secured claims or exemptions)

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes **(Ordinary household goods and furnishings (chairs, miscellaneous items) \$225.00, D1) \$225.00**

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes **(Household electronics (TV, stereo, camera, computer) \$275.00, D1)** **\$275.00**

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes _____

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes _____

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes _____

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes **(Ordinary clothing \$200.00, D1)** **\$200.00**

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No
 Yes **(Costume jewelry \$100.00, D1)** **\$100.00**

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No
 Yes **(13 yr old french bulldog \$1.00, D1)** **\$1.00**

14. Any other personal and household items you did not already list, including any health aids you did not list

No
 Yes _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here **\$801.00**

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following? (List the current value of the portion you own. Do not deduct secured claims or exemptions)

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes **Cash on hand \$50.00 (D1)** **\$50.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes PNC Checking Account (ending 7119) \$340.00 (D1)		\$340.00
PNC Reserve Checking Account (ending 7127) \$10.00 (D1)		\$10.00
PNC Savings Account (ending 7135) \$0.12 (D1).....		\$0.12

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		\$0.00

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		\$0.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. *Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		\$0.00

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		\$0.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company.

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes Security deposit for residential lease \$575.00 (D1).....		\$575.00

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		\$0.00

24. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified state tuition plan as defined in 26 U.S.C. § 529(b)(1).

<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		\$0.00

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		\$0.00

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		\$0.00

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No **\$0.00**
 Yes

28. Tax refunds owed to you

Give specific information about them, including whether you already filed the returns and the tax years

No **\$0.00**
 Yes

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No **\$0.00**
 Yes

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No **\$0.00**
 Yes

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance. Name the insurance company of each policy and the beneficiary, and list its value

No **\$0.00**
 Yes

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No **\$0.00**
 Yes

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes **Half of previous security deposit is owed to Debtor from previous landlord and/or ex-significant other \$550.00 (D1) \$550.00**

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No **\$0.00**
 Yes

35. Any financial assets you did not already list

No **\$0.00**
 Yes

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$1,525.12

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No **\$0.00**
 Yes

54. Add the dollar value of all of your entries from Part 7, including any entries for pages you have attached for Part 7. Write that number here

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2
56. Part 2: Total vehicles, line 5
57. Part 3: Total personal and household items, line 15 **\$801.00**
58. Part 4: Total financial assets, line 36 **\$1,525.12**
59. Part 5: Total business-related property, line 45
60. Part 6: Total farm- and fishing-related property, line 52
61. Part 7: Total other property not listed, line 54
62. Total personal property. Add lines 56 through 61 **\$2,326.12**
63. Total of all property on Schedule A/B. Add line 55 + line 62 **\$2,326.12**

Fill in this information to identify your case:

Debtor 1 Michael Azzato

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Northern District of Illinois

Case number _____
(If known)

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming Illinois Exemptions and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <i>Copy the value from Schedule A/B</i>	Amount of the exemption you claim		Specific laws that allow exemption
		Check only one box for each exemption		
Ordinary household goods and furnishings (chairs, miscellaneous items) (Line 6)	\$225.00	<input checked="" type="checkbox"/> <u>\$225.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit		735 ILCS 5/12-1001(b)
Household electronics (TV, stereo, camera, computer) (Line 7)	\$275.00	<input checked="" type="checkbox"/> <u>\$275.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit		735 ILCS 5/12-1001(b)
Ordinary clothing (Line 11)	\$200.00	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit		735 ILCS 5/12-1001(a)
Costume jewelry (Line 12)	\$100.00	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit		735 ILCS 5/12-1001(b)
13 yr old french bulldog (Line 13)	\$1.00	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit		735 ILCS 5/12-1001(b)
Cash on hand (Line 16)	\$50.00	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit		735 ILCS 5/12-1001(b)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <i>Copy the value from Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
PNC Checking Account (ending 7119) (Line 17)	\$340.00	<input checked="" type="checkbox"/> <u>\$340.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
PNC Reserve Checking Account (ending 7127) (Line 17)	\$10.00	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
PNC Savings Account (ending 7135) (Line 17)	\$0.12	<input checked="" type="checkbox"/> <u>\$0.12</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Security deposit for residential lease (Line 22)	\$575.00	<input checked="" type="checkbox"/> <u>\$575.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-901
Half of previous security deposit is owed to Debtor from previous landlord and/or ex-significant other (Line 33)	\$550.00	<input checked="" type="checkbox"/> <u>\$550.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Total	\$2,326.12	\$2,326.12	

3. Are you claiming a homestead exemption of more than \$160,375.00?

(Subject to adjustment on 04/01/2019 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Fill in this information to identify your case:	
Debtor 1	<u>Michael Azzato</u>
Debtor 2	 (Spouse, if filing)
United States Bankruptcy Court for the <u>Northern District of Illinois</u>	
Case number	 (If known)

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of the collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
---	--	---

Add the dollar value of your entries in Column A. Write that number here:

\$0.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1 Michael Azzato
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the Northern District of Illinois
Case number _____
(If known)

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?
 No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?
 No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

	Total claim
4.1 <u>American Medical Collection Agency</u> Nonpriority Creditor's Name <u>4 Westchester Plaza, Suite 110</u> Number Street <u>Elmsford NY 10523</u> City, State, ZIP Code	Last 4 digits of account number: <u>\$324.48</u>
	When was the debt incurred: <u>12/2015</u>
	As of the date you file, the claim is: Check all that apply
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Type of NONPRIORITY unsecured claim:
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>
Who incurred the debt? Check one.	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Total claim

4.2 American Medical Collection Agency Nonpriority Creditor's Name 4 Westchester Plaza, Suite 110 Number Street Elmsford NY 10523 City, State, ZIP Code	Last 4 digits of account number: -8450	\$758.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred: 2016	
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Medical</p>		
4.3 Capital One Bank USA Nonpriority Creditor's Name 15000 Capital One Dr. Number Street Richmond VA 23238 City, State, ZIP Code	Last 4 digits of account number: 0364	\$456.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred: 07/2014	
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Credit Card</p>		
4.4 Cavalry Portfolio Services Nonpriority Creditor's Name P.O. Box 27288 Number Street Tempe AZ 85285 City, State, ZIP Code	Last 4 digits of account number: 4405	\$713.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred: 12/2012	
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Collection Account</p>		
4.5 Conserve Nonpriority Creditor's Name 200 Cross Keys Office Park Number Street Fairport NY 14450 City, State, ZIP Code	Last 4 digits of account number: 5682	\$11,676.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred: 09/2013	
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Collection Account</p>		

Total claim

4.6 Consumers Coop Credit Union Nonpriority Creditor's Name 2750 Washington St. Number Street Waukegan IL 60085 City, State, ZIP Code	Last 4 digits of account number: 1402 When was the debt incurred: 12/2008 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,991.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Car Loan	
4.7 Consumers Coop Credit Union Nonpriority Creditor's Name 2750 Washington St. Number Street Waukegan IL 60085 City, State, ZIP Code	Last 4 digits of account number: 9895 When was the debt incurred: 05/2010 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,335.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
4.8 Credit Collection Services Nonpriority Creditor's Name 725 Canton St. Number Street Norwood MA 02062 City, State, ZIP Code	Last 4 digits of account number: 2758 When was the debt incurred: 09/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$265.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Account	
4.9 Credit Collection Services Nonpriority Creditor's Name P.O. Box 447 Number Street Norwood MA 02062 City, State, ZIP Code	Last 4 digits of account number: 5715 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$107.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Account	

Total claim

4.10 Credit Management LP Nonpriority Creditor's Name 4200 International Pkwy Number Street Carrollton TX 75007 City, State, ZIP Code	Last 4 digits of account number: 9654 When was the debt incurred: 06/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$297.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Collection Account	
4.11 Eos Cca Nonpriority Creditor's Name P.O. Box 981008 Number Street Boston MA 02298 City, State, ZIP Code	Last 4 digits of account number: 9400 When was the debt incurred: 08/2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$256.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Collection Account	
4.12 Fed Loan Servicing Nonpriority Creditor's Name P.O. Box 60610 Number Street Harrisburg PA 17106 City, State, ZIP Code	Last 4 digits of account number: -7404 When was the debt incurred: 09/2013 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$70,792.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	
4.13 First National Collection Nonpriority Creditor's Name 610 Waltham Way Number Street Sparks NV 89434 City, State, ZIP Code	Last 4 digits of account number: 0001 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,084.66
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Collection Account	

Total claim

4.14	Last 4 digits of account number: -3291	\$240.00
Howard Brown Health Center	When was the debt incurred: 01/2016	
Nonpriority Creditor's Name 415 W. Golf Road, Ste 16	As of the date you file, the claim is: Check all that apply	
Number Street	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Arlington Heights IL 60005	Type of NONPRIORITY unsecured claim:	
City, State, ZIP Code	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Medical	
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.15	Last 4 digits of account number: -3291	\$474.00
Howard Brown Health Center	When was the debt incurred: 05/2016	
Nonpriority Creditor's Name 415 W. Golf Road, Ste 16	As of the date you file, the claim is: Check all that apply	
Number Street	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Arlington Heights IL 60005	Type of NONPRIORITY unsecured claim:	
City, State, ZIP Code	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.16	Last 4 digits of account number: -1823	\$973.51
I.C. System	When was the debt incurred: UNKNOWN	
Nonpriority Creditor's Name PO Box 64378	As of the date you file, the claim is: Check all that apply	
Number Street	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Saint Paul MN 55164	Type of NONPRIORITY unsecured claim:	
City, State, ZIP Code	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Account	
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.17	Last 4 digits of account number: 7276	\$4,569.00
Keynote Consulting	When was the debt incurred: 10/2011	
Nonpriority Creditor's Name 220 West Campus Drive	As of the date you file, the claim is: Check all that apply	
Number Street	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Arlington Heights IL 60004	Type of NONPRIORITY unsecured claim:	
City, State, ZIP Code	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Account	
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Total claim

4.18 Keynote Consulting Nonpriority Creditor's Name 220 West Campus Drive Number Street Arlington Heights IL 60004 City, State, ZIP Code	Last 4 digits of account number: 1000 When was the debt incurred: 02/2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$6,238.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Collection Account	
4.19 Navient Nonpriority Creditor's Name 123 S. Justison St., Ste 30 Number Street Wilmington DE 19801 City, State, ZIP Code	Last 4 digits of account number: 6772 When was the debt incurred: 01/2008 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$17,233.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	
4.20 Navient Nonpriority Creditor's Name 123 S. Justison St., Ste 30 Number Street Wilmington DE 19801 City, State, ZIP Code	Last 4 digits of account number: 0051 When was the debt incurred: 06/2007 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,195.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	
4.21 Portfolio Recovery Associates Nonpriority Creditor's Name 287 Independence Number Street Virginia Beach VA 23462 City, State, ZIP Code	Last 4 digits of account number: 2097 When was the debt incurred: 02/2013 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$149.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	

		Total claim
4.22	Last 4 digits of account number:	\$1,673.26
Quest Diagnostics Nonpriority Creditor's Name P.O. Box 740397 Number Street	When was the debt incurred: 08/2016	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical		
Cincinnati OH 45274 City, State, ZIP Code	Last 4 digits of account number: 4264 \$1,358.00	
Who incurred the debt? Check one.	When was the debt incurred: 11/2016	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Carrollton TX 75007 City, State, ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Account	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Is the claim subject to offset?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 3: List Others to Be Notified for a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1	On which entry in Part 1 or Part 2 did you list the original creditor?
American Medical Collection Agency Creditor's Name 4 Westchester Plaza, Suite 110 Number Street	Line 4.22 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
Elmsford NY 10523 City, State, ZIP Code	
2	On which entry in Part 1 or Part 2 did you list the original creditor?
Convergent Creditor's Name PO Box 9004 Number Street	Line 4.23 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
Renton WA 98057 City, State, ZIP Code	

3**Dynamic Recovery Solutions**

Creditor's Name

P.O. Box 25759

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Greenville SC 29616

City, State, ZIP Code

4**Michael Dimand**

Creditor's Name

125 E Lake St., #206

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Bloomingdale IL 60108

City, State, ZIP Code

5**Michael Dimand**

Creditor's Name

125 E Lake St., #206

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Bloomingdale IL 60108

City, State, ZIP Code

6**Navient**

Creditor's Name

P.O. Box 9640

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Wilkes Barre PA 18773

City, State, ZIP Code

7**Navient**

Creditor's Name

P.O. Box 9640

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Wilkes Barre PA 18773

City, State, ZIP Code

8**Pinnacle Credit Services LLC**

Creditor's Name

7900 MN-7 St. Louis Park

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Minneapolis MN 55426

City, State, ZIP Code

9	On which entry in Part 1 or Part 2 did you list the original creditor?
T-Mobile	Line 4.23 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Creditor's Name P.O. Box 629025	Number Street
Last 4 digits of account number: El Dorado Hills CA 95762	
City, State, ZIP Code	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.
 Add the amounts for each type of unsecured claim.

	Total claim
Total claims from Part 1	
6a. Domestic support obligations	6a. \$0.00
6b. Taxes and certain other debts you owe the government	6b. \$0.00
6c. Claims for death or personal injury while you were intoxicated.....	6c. \$0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.....	6d. \$0.00
6e. Total Add lines 6a through 6d.	6e. \$0.00
Total claims from Part 2	
6f. Student loans.....	6f. \$100,220.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
6h. Debts to pension or profit-sharing plans, and other similar debts.....	6h. \$0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.....	6i. \$41,937.91
6j. Total. Add lines 6f through 6i.	6j. \$142,157.91

Fill in this information to identify your case:	
Debtor 1	<u>Michael Azzato</u>
Debtor 2	 (Spouse, if filing)
United States Bankruptcy Court for the <u>Northern District of Illinois</u>	
Case number	 (If known)

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**
 No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease	State what the contract or lease is for
2 <u>Bryan Ritter</u> Creditor's Name <u>UNKNOWN</u> Number Street City, State, ZIP Code	Residential Lease

Fill in this information to identify your case:	
Debtor 1	<u>Michael Azzato</u>
Debtor 2	 (Spouse, if filing)
United States Bankruptcy Court for the <u>Northern District of Illinois</u>	
Case number	 (If known)

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
 No
 Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
 No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes. In which community state or territory did you live? . Fill in the name and current address of that person.
3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply

Fill in this information to identify your case:	
Debtor 1	<u>Michael Azzato</u>
Debtor 2	 (Spouse, if filing)
United States Bankruptcy Court for the <u>Northern District of Illinois</u>	
Case number	 (If known)

Check if this is:
 An amended filing
 A supplement showing post-petition chapter 13 income as of

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information	Employment status	Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed	
Include part-time, seasonal, or self-employed work.	Occupation	N/A	
	Employer's name	N/A	N/A
	Employer's address	N/A	N/A
	How long employed there?	N/A	N/A
Occupation may include student or homemaker, if it applies.			

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Including your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$0.00
3. Estimate and list monthly overtime pay.	3.	\$0.00
4. Calculate gross income. Add line 2 + line 3.	4.	\$0.00
5. List All payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00
5b. Mandatory contributions for retirement plans	5b.	\$0.00

	For Debtor 1	For Debtor 2 or non-filing spouse
5c. Voluntary contributions for retirement plans	5c.	\$0.00
5d. Required repayments of retirement fund loans	5d.	\$0.00
5e. Insurance	5e.	\$0.00
5f. Domestic support obligations	5f.	\$0.00
5g. Union dues	5g.	\$0.00
5h. Other deductions. Specify:	5h.	\$0.00
6. Add the payroll deductions. Add lines 5a through 5h	6.	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$2,309.96
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b.	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d.	\$0.00
8e. Social Security	8e.	\$0.00
8f. Other government assistance that you regularly receive	8f.	\$0.00
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		
8g. Pension or retirement income	8g.	\$0.00
8h. Other monthly income. Specify:	8h.	\$0.00
9. Add all other income. Add lines 8a-8h.	9.	\$2,309.96
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 9 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$2,309.96
11. State all other regular contributions to the expenses that you list in Schedule J (Official Form 106J).	11.	\$0.00
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J (Official Form 106J).		
Specify:		
12. Add the amounts on lines 10 and 11. The result is the combined monthly income. Also write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> (Official Form 106Sum) if it applies.	12.	\$2,309.96

13. Do you expect an increase or decrease within the year after you file this form?

No
 Yes.
Explain.....

Fill in this information to identify your case:	
Debtor 1	<u>Michael Azzato</u>
Debtor 2	 (Spouse, if filing)
United States Bankruptcy Court for the <u>Northern District of Illinois</u>	
Case number (If known)	

Check if this is an amended filing

Form 106ISupp

BKA-106ISupp

12/15

Itemize the income and expenses from business activities and real estate

Part 1: Business income & expense

Video Engineering (Sole proprietorship):

Description	Amount
Income	\$2,955.96
Supplies	(\$71.00)
Travel	(\$234.00)
Meals/entertainment	(\$126.00)
Internet fees	(\$60.00)
Software fees	(\$40.00)
Telephone	(\$115.00)
Net Income	\$2,309.96

Part 2: Non-residential real property income & expense

There is no real property income or expense to report.

Fill in this information to identify your case:

Debtor 1 Michael Azzato
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the Northern District of Illinois
Case number _____
(If known)

Check if this is:
 An amended filing
 A supplement showing post-petition chapter 13 expenses as of _____

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

 No.
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2

2. Do you have dependents?

Do not list Debtor 1 or Debtor 2. No
Do not state the dependents' names. Yes. Fill out this information for each dependent

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

3. Do your expenses include expenses of people other than yourself and your dependents?

No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as your bankruptcy filing date unless you are using this form as supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date

Include expenses paid for with non-cash governmental assistance if you know the value of such assistance and have included it on Schedule I: Your Income(Official Form 106I).

Note: Expenses for property other than the debtor(s)' primary residence(s), if any, are reported in the Summary of Business/Real-Estate Income & Expense annexed to Schedule I.

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. **\$575.00**

If not included in line 4:

4a. Real estate taxes

4a. **\$20.00**

4b. Property, homeowner's, or renter's insurance

4b. **\$45.00**

4c. Home maintenance, repair, and upkeep expenses

		Your expenses
4d.	Homeowner's association or condominium dues	4d.
5.	Additional mortgage payments for your residence, such as home equity loans	5.
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. \$26.00
6b.	Water, sewer, garbage collection	6b.
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$160.00
6d.	Other. Specify: Parking	6d. \$20.00
7.	Food and housekeeping supplies	7. \$300.00
8.	Childcare and children's education costs	8.
9.	Clothing, laundry, and dry cleaning	9. \$100.00
10.	Personal care products and services	10. \$75.00
11.	Medical and dental expenses	11. \$150.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$260.00
13.	Entertainment, clubs, recreation, newspapers, magazine, and books	13.
14.	Charitable contributions and religious donations	14.
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a.
15b.	Health insurance	15b.
15c.	Vehicle insurance	15c.
15d.	Other insurance. Specify: N/A	15d.
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Federal Income Taxes State Income Taxes	16. \$499.00 \$67.00
17.	Installment or lease payments (None)	17. \$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I</i> (Official Form 106I)	18.
19.	Other payments you make to support others who do not live with you. Specify: N/A	19.
20.	Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I</i> (Official Form 106I)	
20a.	Mortgages on other property	20a.
20b.	Real estate taxes	20b.
20c.	Property, homeowner's, or renter's insurance	20c.
20d.	Maintenance, repair, and upkeep expenses	20d.

		Your expenses
20e. Homeowner's association or condominium dues	20e.	
20f. Other. Specify:	20f.	
21. Other. Specify: N/A	21.	
22. Calculate your monthly expenses.		
22a. Add lines 4 through 21.	22a.	\$2,297.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$2,297.00
23. Calculate your monthly net income		
23a. Copy line 12 (your combined monthly income) from Schedule I	23a.	\$2,309.96
23b. Copy your monthly expenses from line 22 above.	23b.	\$2,297.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	\$12.96
24. Do you expect an increase or decrease in your expenses within the year after you file this form?		
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		
Explain.....		

Fill in this information to identify your case:	
Debtor 1	<u>Michael Azzato</u>
Debtor 2	 (Spouse, if filing)
United States Bankruptcy Court for the <u>Northern District of Illinois</u>	
Case number	 (If known)

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person N/A. Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Michael Azzato
Signature of Debtor 1

03/20/2017
Date

Signature of Debtor 2

03/20/2017
Date

Fill in this information to identify your case:	
Debtor 1	<u>Michael Azzato</u>
Debtor 2	 (Spouse, if filing)
United States Bankruptcy Court for the <u>Northern District of Illinois</u>	
Case number	 (If known)

Check if this is an amended filing

**Official Form 107
Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1	Dates Debtor 1 lived there	Debtor 2	Dates Debtor 2 lived there
932 W. Cullom Ave., Apt 3R, Chicago, IL 60613	07/01/2012 to 04/30/2015	<input type="checkbox"/> Same as Debtor 1 N/A	<input type="checkbox"/> Same as Debtor 1 N/A to N/A
932 W. Cullom Ave., Apt 3F, Chicago, IL 60613	05/01/2015 to 11/01/2016	<input type="checkbox"/> Same as Debtor 1 N/A	<input type="checkbox"/> Same as Debtor 1 N/A to N/A

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?
(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply	Gross income (before deductions and exclusions)	Sources of income Check all that apply	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$4,301.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For last calendar year: (January 1 to December 31, 2016)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$40,068.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, 2015)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$32,410.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425.00* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425.00* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 04/01/2019 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No
 Yes. List all payments to an insider

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No
 Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No
 Yes. Fill in the details

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details of each gift or contribution

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details

Person who was paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Matthew C Swenson 715 Lake St., #420 Oak Park, IL 60301 Email or website address: matt@emersonlawfirm.com	Expense & fee retainer (including any retainer for the filing fee)	03/10/2017	\$1,735.00
Person Who Made the Payment if Not You: Debt Education and Certification Foundation 112 Goliad St. Benbrook, TX 76126 Email or website address: www.bkcert.com	Fee for § 109(h)(1) briefing by approved nonprofit budget and credit counseling agency	03/19/2017	\$20.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business name and address	Describe the nature of the business and identify the accountant or bookkeeper	Employer identification number (Do not include SSN or ITIN) Dates business existed
Video Engineering 7440 Adams St., Apt 2K Forest Park, IL 60130	Video engineering N/A	(Same as SSN/ITIN) 2014 to Present

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Michael Azzato
Signature of Debtor 1

03/20/2017
Date

Signature of Debtor 2

03/20/2017
Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person **N/A -- the BkAssist software used to prepare this petition is licensed for use only by attorneys.**

Fill in this information to identify your case:	
Debtor 1	<u>Michael Azzato</u>
Debtor 2	 (Spouse, if filing)
United States Bankruptcy Court for the <u>Northern District of Illinois</u>	
Case number	 (If known)

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property lease	Will the lease be assumed?
---	----------------------------

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

/s/ Michael Azzato
Signature of Debtor 1

03/20/2017
Date

Signature of Debtor 2

03/20/2017
Date

Fill in this information to identify your case:

Debtor 1 Michael Azzato
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the Northern District of Illinois
Case number _____
(If known)

Check if this is:
 An amended filing
 A supplement disclosing
additional payments or
agreements as of

Form BKA-2030

Disclosure of Compensation of Attorney for Debtor

12/15

Use this procedural form, if desired, to disclose the matters enumerated in 11 U.S.C. § 329 and Fed. R. Bankr. P. 2016(b).

Disclosure is required within 14 days after the order for relief or another time as the court may direct. A supplemental disclosure is required within 14 days after any payment or agreement not previously disclosed.

Attach a copy of the retainer agreement, if any.

Part 1: Compensation

For legal services, I have agreed to accept..... **\$1,400.00**

Prior to the filing of this statement I have received

Retainer for legal services..... **\$1,400.00**

Retainer for expenses, including the court filing fee **\$335.00**

Balance Due **\$0.00**

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify) N/A

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

Part 2: Services

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy.
- b. Preparation and filing of any petition, schedules, statement of affairs and plan that may be required.
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof.
- d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters.~~

e.

f.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtor in adversary proceedings and other contested bankruptcy matters.

7. A copy of my retainer agreement is is not attached.

Part 3: Certification

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

/s/ Matthew C Swenson

Matthew C Swenson (Emerson Law Firm, LLC)

03/20/2017

Date

**ENGAGEMENT AGREEMENT BETWEEN
EMERSON LAW FIRM, LLC (a "Debt Relief Agency")**

and

MICHAEL AZZATO ("Client")

Introduction

This engagement agreement ("Contract") dated 2/28, 2017 is between Emerson Law Firm, LLC ("Law Office"), an organization engaged in the practice of law and a Debt Relief Agency within the meaning of Title 11, United States Code (the "Bankruptcy Code") and the client(s) as stated above, being an "Assisted Person(s)" within the meaning of the Bankruptcy Code.

Responsibilities of Client(s), Assisted Person(s):

Client(s) agree(s) to:

- Discuss with Law Office their objectives in filing the case;
- Provide Law Office with full, accurate, and timely information, financial or otherwise, including properly documented proof of income, two (2) years of tax returns, a certificate that Client has received credit counseling from an approved agency and a recent appraisal of their residence, if applicable;
- Timely provide Law Office with any additional documents requested by the bankruptcy trustee of other parties in interest;
- Notify Law Office of any change in address or telephone number;
- Appear punctually at the meeting of creditors with a **picture i.d. and proof of social security number**;
- In a case under chapter 13, timely make all required payments to the trustee and to whatever creditors are being paid directly, or if the required payments cannot be made, to notify Law Office immediately;
- In a case under chapter 13, contact Law Office immediately if Client loses employment or experiences any other significant change in financial situation (such as serious illness, lottery winnings or inheritance);
- In a case under chapter 13, contact Law Office before buying, refinancing, or selling any real property and before entering into any loan agreement.

Failure of Client to cooperate fully with Law Office or comply with any rest of the bankruptcy trustee or court order may result in Law Office filing a motion to withdraw from representation of Client with the Bankruptcy Court.

Services to Be Provided by Emerson Law Firm, LLC:

The following services ("Standard Services") shall be provided to Client:

- Analysis of Client's financial condition;
- Advising Client as to the advisability of seeking relief in bankruptcy under either Chapter 7 or Chapter 13 of the Bankruptcy Code;

- Assisting Client in assembling all documents necessary for or in connection with the filing of a petition under the Bankruptcy Code;
- Advising Client as to the availability of exemptions under applicable law;
- Assisting Client in meeting all conditions precedent to filing a petition for relief under the Bankruptcy Code and in meeting all conditions precedent to obtaining a discharge, if the Client is eligible to receive a discharge;
- Preparing Client for examination at the meeting of creditors held pursuant to section 341 of the Bankruptcy Code;
- Assisting Client with reaffirmation agreements, if applicable;
- Assisting the Client with routine lien avoidance proceedings, if applicable;
- Assisting the Client with the enforcement of the automatic stay, if required;
- Arranging for electronic filing of the Client's bankruptcy petition and supporting schedules;
- Communicating with Client's bankruptcy trustee; and
- Communicating with Client's creditors, as necessary.

Fees and Charges for Services and Terms of Payment:

\$ 1,400.00 Law Office agrees to perform Standard Services for Client in consideration of an attorney's fee of \$ 1,400.00 plus all costs disbursed or to be disbursed on behalf of Client. The schedule of costs customarily disbursed in connection with Standard Services are as follows:

Filing fee, Chapter 7: \$335.00
 Filing fee, Chapter 13: \$310.00

TOTAL: \$1,735.00

From time to time, additional expenses may be incurred by Law Office for proper representation of Client. Client shall reimburse Law Office for these costs at actual cost.

Upon execution of this Contract, Client shall pay the sum of \$150.00 to Law Office. This fee is for our standard consultation and advice and is non-refundable. However, this sum will be applied toward the total attorney's fee. After application of the \$150.00 consultation fee, the remaining fee due is \$1,585. All disbursements and fees must be paid in full and all checks cleared before Law Office will file a petition under the Bankruptcy Code on behalf of Client. We are prohibited by law from accepting credit card payments.

Additional Services Excluded from Contract:

In the event that additional services are required that are not enumerated in the "Standard Services" above ("Additional Services"), Client agrees to pay an attorney's fee for those Additional Services at the prevailing hourly rates for paralegals and attorneys for Emerson Law Firm, LLC. At the present time the hourly rates are as follows:

- Paralegal/ law clerk: \$ 85.00 per hour
- Attorney: \$225.00 per hour

Law Office may require an additional retainer for Additional Services and shall be under no obligation to provide Additional Services without having first received said retainer to secure payment for such Additional Services.

Examples of Additional Services include, but are not limited to defending the following:

- Claims that granting bankruptcy relief would constitute "Abuse" within the meaning of the Bankruptcy Code.
- Claims that one or more of Client's debts are non-dischargeable.
- Claims that Client is not entitled to a discharge under the Bankruptcy Code.
- Matters arising from Client's failure to disclose any material fact.
- Matters arising from Client's false statements made in connection with the Petition, Schedules, Statement of Financial Affairs or any documents provided in support thereof.

Moreover, Additional Services include litigating contested lien avoidance motions and lien strip adversary proceedings.

Acknowledgement of Receipt of Disclosures

Client acknowledges that Client has received copies of all disclosure documents attached to this Contract. These documents include:

- Notice to Individual Consumer Debtor under section 342(b)
- Disclosure Pursuant to 527(a)(2)
- 527(b) disclosure
- 527(c) disclosure
- Statement of information required by 11 U.S.C. 341

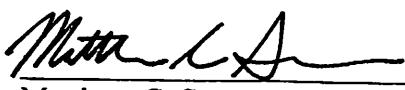
Debt Relief Agency

The Bankruptcy Code requires Emerson Law Firm, LLC to explicitly and conspicuously inform you that:

WE ARE A DEBT RELIEF AGENCY. WE HELP PEOPLE FILE FOR BANKRUPTCY RELIEF UNDER THE BANKRUPTCY CODE.

Emerson Law Firm, LLC
A debt relief agency

Client
Assisted person(s)


Matthew C. Swenson

**United States Bankruptcy Court
Northern District of Illinois
Chicago Division**

In re: **Azzato, Michael**

Case No.

VERIFICATION OF CREDITOR MATRIX

I(we) verify that the attached list of creditors and the matrix file to be uploaded in this case are true and complete to the best of my(our) knowledge.

/s/ Michael Azzato
Debtor

03/20/2017
Date

American Medical Collection Agency
4 Westchester Plaza, Suite 110
Elmsford, NY 10523

Capital One Bank USA
15000 Capital One Dr.
Richmond, VA 23238

Cavalry Portfolio Services
P.O. Box 27288
Tempe, AZ 85285

Conserve
200 Cross Keys Office Park
Fairport, NY 14450

Consumers Coop Credit Union
2750 Washington St.
Waukegan, IL 60085

Convergent
PO Box 9004
Renton, WA 98057

Credit Collection Services
725 Canton St.
Norwood, MA 02062

Credit Collection Services
P.O. Box 447
Norwood, MA 02062

Credit Management LP
4200 International Pkwy
Carrollton, TX 75007

Dynamic Recovery Solutions
P.O. Box 25759
Greenville, SC 29616

Eos Cca
P.O. Box 981008
Boston, MA 02298

Fed Loan Servicing
P.O. Box 60610
Harrisburg, PA 17106

First National Collection
610 Waltham Way
Sparks, NV 89434

Howard Brown Health Center
415 W. Golf Road, Ste 16
Arlington Heights, IL 60005

I.C. System
PO Box 64378
Saint Paul, MN 55164

Keynote Consulting
220 West Campus Drive
Arlington Heights, IL 60004

Michael Dimand
125 E Lake St., #206
Bloomingdale, IL 60108

Navient
123 S. Justison St., Ste 30
Wilmington, DE 19801

Navient
P.O. Box 9640
Wilkes Barre, PA 18773

Pinnacle Credit Services LLC
7900 MN-7 St. Louis Park
Minneapolis, MN 55426

Portfolio Recovery Associates
287 Independence
Virginia Beach, VA 23462

Quest Diagnostics
P.O. Box 740397
Cincinnati, OH 45274

Southwest Credit Systems
4120 International Parkway
Carrollton, TX 75007

T-Mobile
P.O. Box 629025
El Dorado Hills, CA 95762